

State of New Jersey
Division of Taxation

SCHEDULE D
Sales and/or Use of Special Fuels

This Schedule is to be completed by all persons holding a Seller-User's License and who operate their own dispensing pump.
(Attach Riders if Necessary)

Name of Licensee	Federal Identification Number	Month / Year
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1. Gallonage Pump Totalizer Reading(s) of Special Fuels for the report month:

Product Type *	Pump Serial Number	(A) Closing Totalizer Reading (End of Report Month)	(B) Opening Totalizer Reading (Beginning of Report Month)	Gallonage Pumped Column A Minus Column B

TOTAL GALLONAGE PUMPED _____

2. **IMPORTANT:** Please indicate below if there has been a malfunction or replacement of a gallon totalizer and/or pump during the report month.

Product Type*	Old Pump Serial Number	Old Totalizer Reading	Date	New Totalizer Reading	New Pump Serial Number	Date

* Product Type: 1. kerosene 2. No. 2 fuel oil 3. Diesel fuel, No. 1 diesel fuel, No. 2 diesel fuel and enhanced No. 2 fuel oil;
4. propane 5. compressed natural gas 6. Other _____